

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reapplication of: **A. BICK**

Serial No.: **09/942,373**

Examiner: **Creighton H. Smith**

Filed: **August 29, 2001**

Group Art Unit: **2681**

For: **USER INTERFACE DEVICE**

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment for this application.

STATUS

2. Applicant is
- ☐ a small entity. A statement:
 - ☐ is attached.
 - ☐ was already filed.
 - ☒ other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first-class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

FACSIMILE

☐ transmitted by facsimile to the U.S. Patent and Trademark Office.

Date: October 6, 2004


Signature

Deborah J. Clark
(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. §1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|--|----|---------------------------------------|----|------------------|---|--------------------|-----------|------------------------------|------------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | | PRESENT EXTRA | | ADDIT. FEE | | ADDIT. FEE | |
| TOTAL: | 35 | MINUS | 33 | = | 2 | x | \$18.00= | \$ | x 18 = \$ 36.00 |
| INDEP: | 7 | MINUS | 3 | = | 4 | x | \$88.00 = | \$ | x 88 = \$ 352.00 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | +\$300 = | | \$ | +\$300 = \$ |
| | | | | | | TOTAL ADDL. FEE | | TOTAL ADDL. FEE | |
| | | | | | | \$ | | \$388.00 | |

WARNING: "After final rejection or action (§1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 C.F.R. §1.116(a) (emphasis added).
(complete (c) or (d), as applicable)

(c) ☐ No additional fee for claims is required.

OR

(d) ☒ Total additional fee for claims required is \$ 388.00.

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 388.00.

☒ Charge Account No. 23-0442 the sum of \$ any deficiencies. A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986 (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 23-0442.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 23-0442.



SIGNATURE OF PRACTITIONER

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